

Northern California Institute for Bone Health, Inc.
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(Home of the 2008 ISCD Clinician of the Year and the 2006 ISCD Super Tech)

DXA Bone Density Test Order
This is low dose x-ray

- Osteoporosis/Metabolic Bone Disease Evaluation**
(may include spine, bilateral hip, FRAX™, bilateral forearm, vertebral fracture assessment (VFA), hip-axis length (HAL), total body and body composition)
- Spine (L-S) _____ Hip__ L __ R with FRAX™
- Forearm __ L __ R Body Composition/Body Fat
- Vertebral Fracture Assessment (VFA) _____
- Hip-Axis Length (HAL) _____

Patient Name: _____

Diagnosis/Indication: _____

Ordering MD: _____

Appointment Date/Time _____

Notes:

- Please obtain health insurance authorization prior to scheduling appointment.
- Medicare patients: Medicare allows repeat testing every 23 months without a letter of medical necessity from your physician.

Please call (510) 625-9100 to schedule an appointment or fax your order to (510) 625-9123 with patient contact info.

DIRECTIONS AND INSTRUCTIONS ON BACK OF FORM

*For a discussion of FRAX™, see www.betterbones.org